

11/09/01

J1130 U.S. PTO

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Please type a plus sign (+) inside this box ☐PTO/SB/05 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	S100-DIV3
First Inventor	Greenberg
Title	Retinal Color Prosthesis For Color Sight Restoration
Express Mail Label No.	EL 516 675 962 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **78**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **32**]
5. Oath or Declaration [Total Pages **4**]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☒ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☒ Other: Petition to correct inventorship ...  
Declarations from Greenberg and Schulman

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **09/515,373**Prior application information: Examiner **F. Oropeza**Group / Art Unit **3762**For CONTINUING OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by  
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Second Sight, LLC				
Address	P.O. Box 905				
City	Santa Clarita	State	CA	Zip Code	91380-9005
Country	U.S.A.	Telephone	(661) 775-3995 ext. 3129	Fax	(661) 775-1595

Name (Print/Type) **Scott B. Dunbar**Registration No. (Attorney/Agent) **37,124**

Signature

Date

**11/8/07**Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any  
comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office,  
Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box  
Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

## Complete if Known

Application Number --  
Filing Date --  
First Named Inventor **Greenberg**  
Examiner Name --  
Group Art Unit --  
Attorney Docket No. **S100-DIV3**

TOTAL AMOUNT OF PAYMENT **\$1,517.00**

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  
Deposit Account Number **50-0922**  
Deposit Account Name **Second Sight, LLC**  
☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  
☒ Applicant claims small entity status. See 37 CFR § 1.27

2. ☐ Payment Enclosed:  
☐ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		101	740	201 370 Utility filing fee	370.00
		106	330	206 165 Design filing fee	
		107	510	207 255 Plant filing fee	
		108	740	208 370 Reissue filing fee	
		114	160	214 80 Provisional filing fee	
SUBTOTAL (1)					<b>\$370.00</b>

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
63	-20** = 43	X 9.00 =	387.00
Independent Claims	18 - 3** = 15	X 42.00 =	630.00
Multiple Dependent		0.00 =	0.00

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		103	18	203 9 Claims in excess of 20	
		102	84	202 42 Independent claims in excess of 3	
		104	280	204 140 Multiple dependent claim, if not paid	
		109	84	209 42 ** Reissue independent claims over original patent	
		110	18	210 9 ** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) **\$1,017.00**

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		105	130	205 65 Surcharge - late filing fee or oath	
		127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
		139	130	139 130 Non - English specification	
		147	2,520	147 2,520 For filing a request for ex parte reexamination	
		112	920*	112 920* Requesting publication of SIR prior to Examiner action	
		113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
		115	110	215 55 Extension for reply within first month	
		116	400	216 200 Extension for reply within second month	
		117	920	217 460 Extension for reply within third month	
		118	1,440	218 720 Extension for reply within fourth month	
		128	1,960	228 980 Extension for reply within fifth month	
		119	320	219 160 Notice of Appeal	
		120	320	220 160 Filing a brief in support of an appeal	
		121	280	221 140 Request for oral hearing	
		138	1,510	138 1,510 Petition to institute a public use proceeding	
		140	110	240 55 Petition to revive - unavoidable	
		141	1,280	241 640 Petition to revive - unintentional	
		142	1,280	242 640 Utility issue fee (or reissue)	
		143	460	243 230 Design issue fee	
		144	620	244 310 Plant issue fee	
		122	130	122 130 Petitions to the Commissioner	130.00
		123	50	123 50 Processing fee under 37 CFR § 1.17(q)	
		126	180	126 180 Submission of Information Disclosure Statement	
		581	40	581 40 Recording each patent assignment per property (times number of properties)	
		146	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
		149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
		179	740	279 370 Request for Continued Examination (RCE)	
		169	900	169 900 Request for expedited examination of a design application	
Other fee (specify)					

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **\$130.00**

## SUBMITTED BY

Name (Print/Type) **Scott B. Dunbar**  
Signature

Registration No. (Attorney/Agent)

37,124

## Complete (if applicable)

Telephone (661) 775-3995 ext. 3129

Date

11/8/07

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on**

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Greenberg, et al.

Docket No.

S100-DIV3

Serial No.

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Filing Date

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Examiner

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Group Art Unit

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Invention: **RETINAL COLOR PROSTHESIS FOR COLOR SIGHT RESTORATION**

I hereby certify that the following correspondence:

Divisional Patent Application

*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

11/9/01  
(Date)

Emily M. Stuart

*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*

EL 516 675 962 US

*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**